

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		07/07/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		7/11/00
FORMALITY REVIEW	<i>[Signature]</i>	71531	9.19.00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	71531	11.20.00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ○ ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/20/00
2	✓	✓	11/20/00
3	✓	✓	11/20/00
4	✓	✓	11/20/00
5	✓	✓	11/20/00
6	✓	✓	11/20/00
7	✓	✓	11/20/00
8	✓	✓	11/20/00
9	✓	✓	11/20/00
10	✓	✓	11/20/00
11	✓	✓	11/20/00
12	✓	✓	11/20/00
13	✓	✓	11/20/00
14	✓	✓	11/20/00
15	✓	✓	11/20/00
16	✓	✓	11/20/00
17	✓	✓	11/20/00
18	✓	✓	11/20/00
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28	✓	✓	11/20/00
29	✓	✓	11/20/00
30	✓	✓	11/20/00
31	✓	✓	11/20/00
32	✓	✓	11/20/00
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42	✓	✓	11/20/00
43	✓	✓	11/20/00
44	✓	✓	11/20/00
45	✓	✓	11/20/00
46	✓	✓	11/20/00
47	✓	✓	11/20/00
48	✓	✓	11/20/00
49	✓	✓	11/20/00
50	✓	✓	11/20/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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